DO NOT WRITE ON THIS STUB AMENDED FILED DEC 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY At a. STATE Missouri b. COUNTY St. Louis VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits TOWN TOWN St. FOWLS St. Louis 24hrs55miln Yes X No □ c. FULL NAME OF (If NOT in hospital, give location) Inside Limits (If cutside, give location) Reside on Farm DATE ADDRESS Childrens Hospital Yes 🛣 No 🗌 7420 Plesway Yes 🗅 No 🐶 24000 3. NAME OF DECEASED Middle 4. DATE (Type or print) Richard DEATH November 24. Joseph Brewer 1963 Never Married K 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 6. COLOR OR RACE 5. SEX 7. Married 🗌 8. DATE OF BIRTH Male Widowed □ Divorced III Wh1te -21-63 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done during most affivorking life, even if retired) FOLLOWS St. Louis 36, Mo. United States None 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME Hall Robert Brewer Linda None 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Robert A. ABrewer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? AS. (Yes, no, or unknown) (If yes, give war or dates of servi 71,20,0Ple & sawby a DriveO St. Koungs 86 g Mis 90un inverval Between w 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: 10 CARDIAC ARREST らしののピ RECORD IMMEDIATE CAUSE (a) Ιō 11 NSTEAD Conditions, if any, DUE TO (b) which gave rise to above cause (a), stating the under-13 DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related deceased there a pregnancy in last 90 days. disease condition given in PART I (a) ANDOOD □ Unknown CONGENITAL AMENDMENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? 20a, ACCIDENT SUICIDE HOMICIDE YES | NO 20c. TIME OF Нои Month, Day, Year RIBBON INJURY USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 201. CITY, TOWN, OR LOCATION STATE 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK [] *IYPEWRITER* READ November 1963 November 2nd last saw him alive on. <u>November</u> 21. 1 attended the deceased from •Three-thirty_ m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD 22c, DATE SIGNED 22b. ADDRESS 22a. SIGNATURE 23a. BURIAL CHEMATION, 23b. DATE REMOVAL (Specify) ġ Memorial Park Cemetery St. Louis County Missouri Removal 25. DATE RECD. BY LOCAL REG. ITEM Louis Missouri 62107

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

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CARDIAL ARREST

STATEMENT BY LICENSED EMBALMER

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	above MUST BE SIGNED astitutės grounds for revoc d by a STUDENT, he also				. (Failure to comply